
State: Arkansas **Filing Company:** Standard Insurance Company
TOI/Sub-TOI: A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium
Product Name: RP Rollover Application
Project Name/Number: RP Rollover Application/

Filing at a Glance

Company: Standard Insurance Company
Product Name: RP Rollover Application
State: Arkansas
TOI: A021 Individual Annuities- Deferred Non-Variable
Sub-TOI: A021.003 Single Premium
Filing Type: Form
Date Submitted: 10/05/2012
SERFF Tr Num: STAN-128711908
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: RP ROLLOVER APPLICATION

Implementation: On Approval
Date Requested:
Author(s): Alan Smith, Bill Douglas, Diane Hodgman
Reviewer(s): Linda Bird (primary)
Disposition Date: 10/10/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Standard Insurance Company
TOI/Sub-TOI: A02I Individual Annuities- Deferred Non-Variable/A02I.003 Single Premium
Product Name: RP Rollover Application
Project Name/Number: RP Rollover Application/

General Information

Project Name: RP Rollover Application
Project Number:
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: This application, under a different form number, has been filed with the IIPRC, of which our domiciliary state is a member.

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Market Type: Individual
Individual Market Type:
Filing Status Changed: 10/10/2012
State Status Changed: 10/10/2012

Deemer Date:
Submitted By: Diane Hodgman

Created By: Diane Hodgman
Corresponding Filing Tracking Number:

Filing Description:
Re: Standard Insurance Company
NAIC No. 000-69019 FEIN No. 93-0242990
Deferred Annuity Application Form No. SI 16453 (08/12)

Dear Commissioner Bradford:

Standard Insurance Company is submitting the above form for your review and approval. This form does not replace any existing policy form currently in use by us.

The above-referenced Application form will be used in conjunction with our Individual Single Premium Annuity Contract Form No. SPDA(9/03), previously approved by your Department, effective December 29, 2003, under Type of Insurance Product Coding Matrix Filing Code A02I – Individual Annuity Deferred Non-variable, Sub-type of Insurance Product Coding Matrix Filing Code A02I.003 Single Premium.

The attached form is filed in an 8½ x 11 format, but also may be printed in other formats (e.g., 5½ x 8½ booklet size) or via electronic media (e.g., CD-ROM, Internet, Intranet). Distribution and access may also be via hard copy or electronic media. In all cases the form will meet or exceed the minimum standards of your applicable state insurance form readability requirements.

We believe that no part of our filing contains any unusual or controversial items from normal company or industry standards.

The individual annuity products listed on the submitted application form will be marketed through traditional channels, e.g., licensed agents.

Our domiciliary state of Oregon does not charge a filing fee for this submission.

Form Descriptions

Form No: SI 16453 (08/12)
Description:
Application – Individual Deferred Annuities. Application for our fixed deferred annuity products. The application will be

State: Arkansas **Filing Company:** Standard Insurance Company
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available both as an attachment to various product brochures and as a stand-alone form. It may be revised to add new fixed deferred annuity products or to delete products that are no longer marketed. The order in which the information is requested may also change, i.e., name of applicant, gender, birth date, etc. However, we will not vary the attestation (declaration), replacement, or privacy statements unless such is necessitated by newly enacted statute or newly adopted regulation.

The following items are also attached:

- Explanation of variability.
- Applicable transmittal form(s) as required.
- Readability certification.

We understand that for the application form submitted you will access the \$50 filing fee via EFT.

We appreciate your consideration and review of our submission. Please feel free to contact us if you have any questions about our submission.

Sincerely,

Diane Hodgman, ChFC, AIRC
Telephone: 800.378.4578, ext. 8685
Fax: 971.478.5408
E-mail: Diane.Hodgman@standard.com

Company and Contact

Filing Contact Information

Diane Hodgman, Compliance Analyst	dhodgman@standard.com
1100 SW Sixth Avenue	971-321-8685 [Phone]
Individual Annuities	971-321-5408 [FAX]
P6A	
Portland, OR 97204	

Filing Company Information

Standard Insurance Company	CoCode: 69019	State of Domicile: Oregon
1100 SW 6th Avenue	Group Code: 1348	Company Type: Life
Portland, OR 97204	Group Name: SIC	Insurance
(971) 321-6823 ext. [Phone]	FEIN Number: 93-0242990	State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50/form x 1 form = \$50
Per Company:	No

State: Arkansas **Filing Company:** Standard Insurance Company
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Company	Amount	Date Processed	Transaction #
Standard Insurance Company	\$50.00	10/05/2012	63505236

State:	Arkansas	Filing Company:	Standard Insurance Company
TOI/Sub-TOI:	A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/10/2012	10/10/2012

State:	Arkansas	Filing Company:	Standard Insurance Company
TOI/Sub-TOI:	A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium		
Product Name:	RP Rollover Application		
Project Name/Number:	RP Rollover Application/		

Disposition

Disposition Date: 10/10/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Explanation of Variability		Yes
Form	Deferred Annuity Application		Yes

State:	Arkansas	Filing Company:	Standard Insurance Company
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Form Schedule

Lead Form Number: SI 16453 (08/12)							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		SI 16453 (08/12)	AEF	Deferred Annuity Application	Initial:	44.000	SI 16453 (08-12).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



The Standard[®]

Standard Insurance Company

Individual Annuities 800.247.6888 Tel

1100 SW Sixth Avenue Portland OR 97204-1093 www.standard.com

Deferred Annuity Application

1 Purchase

Focused Growth Annuity
Advantage Growth Annuity

☐ FGA 5 ☐ FGA 6 ☐ FGA 7 ☐ FGA 10
☐ AGA 5 ☐ AGA 7
☐ Other _____

2 Annuitant (Limit to one living Annuitant.)

FULL LEGAL NAME		SSN OR TIN		BIRTH DATE	
ADDRESS		CITY		STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	PHONE		EMAIL		

3 Owner (Only if other than Annuitant.)

FULL LEGAL NAME		SSN OR TIN		BIRTH DATE	
TRUST NAME (IF APPLICABLE)		TRUSTEE NAME (IF APPLICABLE)		TRUST DATE (IF APPLICABLE)	
ADDRESS		CITY		STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Applicable		PHONE			

4 Premium

AMOUNT EXPECTED

5 Contract Type (Choose one.)

Non-Qualified Funds

☐ Transfer (Attach form **12213.**)

Traditional IRA

☐ Rollover (Attach form **12213.**)

Roth IRA

☐ Rollover (Attach form **12213.**)

Inherited IRA

☐ Rollover (Attach form **12213** and **13668.**)

6 Annuitant, Owner and Broker Remarks (If additional remarks are attached to this application, be sure to sign and date all papers.)

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7 Interest Payments (Attach form **5031** or IRS forms W-9 and W-4P. For direct deposit, attach form **11426.**)

INITIATE INTEREST PAYMENTS

☐ Yes ☐ No

PAYMENT MODE

☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

8 Beneficiary Designation (To designate more primary and/or contingent beneficiaries, attach your written instructions with your signature.)**Primary Beneficiary(ies)**

FULL LEGAL NAME	PERCENT	SSN OR TIN	BIRTH DATE	RELATIONSHIP
TRUST NAME (IF APPLICABLE)		TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS		CITY	STATE	ZIP CODE

FULL LEGAL NAME	PERCENT	SSN OR TIN	BIRTH DATE	RELATIONSHIP
TRUST NAME (IF APPLICABLE)		TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS		CITY	STATE	ZIP CODE

Contingent Beneficiary(ies)

FULL LEGAL NAME	PERCENT	SSN OR TIN	BIRTH DATE	RELATIONSHIP
TRUST NAME (IF APPLICABLE)		TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS		CITY	STATE	ZIP CODE

FULL LEGAL NAME	PERCENT	SSN OR TIN	BIRTH DATE	RELATIONSHIP
TRUST NAME (IF APPLICABLE)		TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS		CITY	STATE	ZIP CODE

9 Notices and Disclosures**Contract Return; Information Request**

The owner may cancel and return the contract for any reason within thirty (30) days after it is received. If the contract is returned, Standard Insurance Company will: (a) cancel the contract from the beginning; and (b) promptly refund any premium paid by the owner, less any prior partial withdrawals, after receiving: (1) a written notice of cancellation; (2) the original contract document; and (3) a completed form **5031** or IRS forms W-9 and W-4P from the owner. Upon written request of the owner, Standard Insurance Company will provide factual information about the contract benefits and provisions within a reasonable time.

Applies if the annuity is purchased through a bank or credit union.

The annuity is not a deposit. The annuity is not guaranteed by any bank or credit union. The annuity is not insured by the FDIC or by any other governmental agency. The purchase of an annuity is not a provision or condition of bank or credit union activity. Some annuities are subject to investment risk and may go down in value.

State Fraud Notices

AR Residents Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

DC Residents Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FL Residents Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Privacy Statement

I understand that, in the course of processing my application, Standard Insurance Company may collect personal information about: (a) me; and (b) others I have identified in this application, e.g. beneficiaries, policyowners and annuitants. I understand that the personal information may include information about my: (a) age; (b) occupation; (c) income; (d) finances; and (e) other insurance. Standard Insurance Company may obtain personal information from: (a) this application; (b) other forms I submit to Standard Insurance Company; (c) an employer; (d) an insurance sales representative; (e) other insurance companies; (f) Standard Insurance Company's web sites; and (g) any other person, organization or institution having records or knowledge of me that are necessary to process this transaction. In the course of processing this transaction there may be circumstances in which Standard Insurance Company discloses to other parties the information collected about me. I authorize Standard Insurance Company to disclose personal information to: (a) an employer (e.g. name, employment status and Social Security number); (b) organizations or persons, including insurance sales representatives, that perform services or functions necessary to process this transaction; and (c) other insurance companies. No other disclosure may be made without my further authorization except: (a) to the extent necessary for the conduct of Standard Insurance Company's business; or (b) as permitted or required by law. I understand that failure to sign the authorization may: (a) impair the ability to process my application; and (b) be the basis for denying my application. I understand that this authorization: (a) will automatically expire 24 months following the date of my signature below; (b) may be revoked by me at any time by sending a written request for revocation to Standard Insurance Company at the address above; and (c) such revocation may be the basis for denying my application. I also understand that: (a) I (or my authorized representative) have the right to request a copy of my authorization and to learn the nature and substance of any personal information about me in Standard Insurance Company's file; (b) I (or my authorized representative) have the right to ask Standard Insurance Company to correct or amend such information, if necessary; and (c) Standard Insurance Company will carefully review my request and, where appropriate, make the necessary change. To obtain further information about these rights and information practices, I have been informed that I may request a copy of the *Privacy Notice* by contacting Standard Insurance Company at the address above.

I represent that all statements and information provided herein are true and complete to the best of my belief and knowledge. I understand that the application will be attached to and made a part of the annuity contract. Additionally, I declare the following:

- A ☐ Yes ☐ No To the best of my knowledge, the owner has existing life insurance policies or annuity contracts. Regardless of answer, states that have adopted NAIC replacement model please attach **10443.**
- B ☐ Yes ☐ No To the best of my knowledge, the contract applied for will replace an existing life insurance or annuity contract. If so, the Broker has left with me all materials used in this presentation.
- C ☐ Yes ☐ No I have received the product disclosure statement and, in those states where required or upon request, a *Buyer's Guide To Fixed Deferred Annuities*.
- D ☐ Yes ☐ No I am a full-time, active-duty member of the US Armed Forces (to include a reserve unit serving under published orders for training).

E ☐ Yes ☐ No I am purchasing an **AGA 5 or AGA 7.**
 a ☐ Yes ☐ No If Yes, I understand that The Standard guarantees that the additional interest will be credited only for the first contract year.

E;F ☐ Yes ☐ No I am purchasing an **FGA 5, FGA 6, FGA 7, FGA 10, AGA 5 or AGA 7**
 a ☐ Yes ☐ No I understand that this annuity includes a market-value adjustment feature. During the market-value adjustment period, any amount surrendered or used to provide annuity benefits may be subject to the adjustment. It could increase or decrease the amounts payable under the contract. If interest rates rise after the contract effective date, the market-value adjustment will generally decrease the surrender value; if interest rates fall, the market-value adjustment will generally increase the surrender value.
 b ☐ Yes ☐ No I have received and read the applicable product disclosure and understand the various product features, including but not limited to: (a) surrenders and withdrawals; (b) surrender charges; (c) surrender charge period; (d) early withdrawal tax penalty; and (e) annuitization.

F;G ☐ Yes ☐ No I understand and acknowledge that The Standard does not offer legal, financial, tax, investment or estate-planning advice and I have had the opportunity to seek such advice from the proper sources before purchasing this annuity. I agree that the purchase of this annuity is appropriate to my particular legal, financial, tax, investment, estate-planning goals and other circumstances.

 ANNUITANT SIGNATURE

 DATE

 SIGNED AT (CITY, STATE)

 OWNER SIGNATURE (IF NOT ANNUITANT)

 DATE

 SIGNED AT (CITY, STATE)

Signing as ☐ Owner ☐ Trustee

☐ Attorney in Fact (Attach certified Power of Attorney and form **14389.**)

☐ Other _____

11 Insurance Broker Declarations

FULL LEGAL NAME	E-MAIL		
BUSINESS OR INSTITUTION NAME	PHONE		
ADDRESS	CITY	STATE	ZIP CODE
INSURANCE LICENSE NUMBER	STANDARD INSURANCE COMPANY PRODUCER IDENTIFICATION		

I declare that the application was signed and dated by the annuitant and owner, if not the annuitant, after all answers were recorded herein; and I have truly and accurately recorded on this form all of the information provided by the annuitant and owner, if not the annuitant. Additionally, I certify:

- A ☐ Yes ☐ No To the best of my knowledge, the owner has existing life insurance policies or annuity contracts. States using replacement form **10443** always attach that form.
- B ☐ Yes ☐ No To the best of my knowledge, the contract applied for will replace an existing life insurance or annuity contract. If Yes, an appropriate replacement form is attached.
- C ☐ Yes ☐ No I have delivered an appropriate product disclosure statement and, in those states where required or upon request a *Buyer's Guide To Fixed Deferred Annuities* to the owner.
- D ☐ Yes ☐ No To the best of my knowledge, the owner is a full-time, active-duty member of the US Armed Forces (to include a reserve unit serving under published orders for training). If Yes, form **13995** is attached.
- E ☐ Yes ☐ No With respect to the suitability of this annuity sale, the requirements have been met. I have completed form **12216** or **15510**, as applicable, with the owner; the original of that form is attached, a copy has been given to the owner and a copy is on file with me.
- F ☐ Yes ☐ No I have verified the identity of the annuitant and owner, if not the annuitant.

INSURANCE BROKER SIGNATURE

DATE

SIGNED AT (CITY, STATE)

STANDARD INSURANCE COMPANY HOME OFFICE USE

Any changes to the application as noted here must be signed in writing by the applicant.

State:	Arkansas	Filing Company:	Standard Insurance Company
TOI/Sub-TOI:	A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium		
Product Name:	RP Rollover Application		
Project Name/Number:	RP Rollover Application/		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Readability Certification.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Explanation of Variability		
Comments:			
Attachment(s):			
EOV-RP Rollover Application.pdf			

STANDARD INSURANCE COMPANY
1100 SW SIXTH AVENUE
PORTLAND, OREGON 97204

CERTIFICATION OF READABILITY

Re: Individual Deferred Annuity Application Form No. SI 16453 (08/12)

I hereby certify that with respect to the above-referenced form, the form meets or exceeds the minimum reading ease score and all other required readability requirements.

<u>Form Number</u>	<u>Flesch Reading Ease Score</u>
SI 16453 (08/12)	44.0



Julie Grandstaff
Vice President and Managing Director, Individual Annuities

October 2, 2012
Date

STANDARD INSURANCE COMPANY
1100 SW SIXTH AVENUE
PORTLAND, OREGON 97204

EXPLANATION OF VARIABILITY
INDIVIDUAL FIXED DEFERRED ANNUITY

Re: Deferred Annuity Application Form No. SI 16453 (08/12)

VARIABILITY – Variability, as noted within this Explanation of Variability, shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination

BRACKETS

- Soft Brackets { } – Denote that provision or text is optional, i.e., may be or may not be included in policy.
- Hard Brackets [] – Denote that provision or text is variable.

APPLICATION – SI 16453 (08/12)

1. Logo – Will insert logo.
2. Address and Phone Number – Will insert the company home office address and phone number of the department administering annuities.
3. Purchase – The submissions of any new products that may use the application will include reference to use of the application. The listing of products will be revised to add new products upon state approval as required of such product and to delete products that are no longer marketed. We plan initially for the FGA6 product to use the application and we plan initially to list only the FGA6 product on it.
4. Annuitant – The order in which the information is requested may be revised. Generally the order of requested information is shifted due to size/format differences when provided in a format other than 8½" by 11" print.
5. Owner – The order in which the information is requested may be revised. Generally the order of requested information is shifted due to size/format differences when provided in a format other than 8½" by 11" print.
6. Beneficiary Designation – The order in which the information is requested may be revised. Generally the order of the requested information is shifted due to size/format differences when provided in a format other than 8½" by 11" print.

Notices and Disclosures

7. Fraud Statements – Specific fraud statements may be revised based upon revised state law or regulation regarding such statements. Additional state fraud statements may be added upon newly enacted statute or newly adopted regulation in a given state that requires such on our application forms. Any changes on the application form to your state's fraud statement will be resubmitted for review purposes.
8. Privacy Statement – The privacy statement may be revised based on revised or enacted/adopted state and federal statute or regulation.
9. Annuitant and Owner Declarations
 - a) Item E – Will include if the application form is used in marketing a product that includes an interest rate bonus. We do not plan to use this application form initially for a product that

includes an interest rate bonus. We are filing these phrases for form flexibility. Any change in our use of this form for products that include an interest rate bonus, as determined by us, will be within the variability noted herein and administered uniformly on a prospective basis in a non-discriminatory manner.

Identified products may be changed if: (i) another product is added upon state approval as required that includes an interest rate bonus; or (ii) a listed product is removed from the marketplace.

- b) Item E or F – Item will be labeled E if interest-rate-bonus item E above is not included.

Identified products may be changed if: (i) another product is added upon state approval as required that includes a market value adjustment; or (ii) a listed product is removed from the marketplace. We plan to use the application form initially in marketing the FGA6 product.

- c) Item F or G – Item will be labeled F if interest-rate-bonus item E is not included.

- 10. Insurance Broker Declarations – The order in which the information is requested may be revised. Generally the order of requested information is shifted due to size/format differences when provided in a format other than 8½" by 11" print.
- 11. List of Policy Forms – The listing of policy form numbers will be revised to add new individual deferred annuity products upon state approval and to delete products that are no longer marketed.
- 12. References to Administrative Forms – As administrative forms are revised and updated, new form numbers are generally given to such forms. Any revisions to form numbers of administrative forms referenced in the application will be updated.